



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 019800001

CITY OR TOWN CHATHAM

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: SIGN OF THE SURF INC.

DOING BUSINESS AS IMPUDENT OYSTER

ADDRESS 15 CHATHAM BARS AV.

CITY/TOWN: CHATHAM

STATE: MA

ZIP CODE: 02633

MANAGER: BARNARD, PETER TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ENTRANCE AND EXITS ON THE FRONT AND SIDE. TWO ROOMS, KITCHEN AND STORAGE

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 019800002

CITY OR TOWN CHATHAM

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: 26 CROSS STREET, INC.

DOING BUSINESS AS THE BRADFORD INN

ADDRESS 26 CROSS STREET

CITY/TOWN: CHATHAM

STATE: MA

ZIP CODE: 02633

MANAGER: CADDEN, SHEILA TYPE OF LICENSE: Innholder

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

REAR OFFICE AND REGISTRATION/RECEPTION AREAS AND DINING ROOM. ALL
ENTRANCES AND EXITS ARE FROM AND TO INN GROUNDS

I hereby certify and swear under penalties of perjury that:

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EMPLOYER IDENTIFICATION NUMBER:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 019800003

CITY OR TOWN CHATHAM

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: CHATHAM DRAMATIC GUILD INC.

DOING BUSINESS AS

ADDRESS 134 CROWELL RD.

CITY/TOWN: CHATHAM

STATE: MA

ZIP CODE: 02633

MANAGER: FINNEGAN,
GEORGE

TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

WOODEN FRAME BLDG WITH ONE FLOOR-2 ROOMS AND 2 RESTROOMS

I hereby certify and swear under penalties of perjury that:

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EMPLOYER IDENTIFICATION NUMBER:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 019800005

CITY OR TOWN CHATHAM

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: BROWN-JAMES BUCK MEMORIAL ASSOC. INC

DOING BUSINESS AS

ADDRESS 150 E/S GEORGE RYDER RD.

CITY/TOWN: CHATHAM

STATE: MA

ZIP CODE: 02633

MANAGER: HIGGINS, JOHN T. TYPE OF LICENSE: Veterans club CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

E/S OF GEORGE RYDER ROAD. 1ST. FLOOR MEETING ROOM, SECOND FLOOR STORAGE, CELLAR, BAR AND GRILL AND COCKTAIL LOUNGE. DECK AND BALL FIELD. NEW FUNCTION ROOM AND STREET LEVEL MEETING ROOM. ENTRANCES AND EXITS.

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DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 019800006

CITY OR TOWN CHATHAM

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: EASTWARD HO COUNTRY CLUB INC.

DOING BUSINESS AS

ADDRESS 325 FOX HILL RD.

CITY/TOWN: CHATHAM

STATE: MA

ZIP CODE: 02633

MANAGER: DU FAULT, JOHN TYPE OF LICENSE: Club
B.

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

CELLAR,KITCHEN,DINING ROOM,LOUNGE,MAIN FLOOR AND TWO LIVING ROOMS ON
SECOND FLOOR

I hereby certify and swear under penalties of perjury that:

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TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 019800009

CITY OR TOWN CHATHAM

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: BENRICK CORP.

DOING BUSINESS AS CHATHAM SQUIRE

ADDRESS 489 MAIN ST.

CITY/TOWN: CHATHAM

STATE: MA

ZIP CODE: 02633

MANAGER: COSTELLO,
RICHARD

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

DINING ROOM, LOUNGE, FUNCTION ROOM, FRONT AND REAR LOBBY KITCHEN AND
CELLAR FOR STORAGE, TWO FRONT ENTRANCES, TWO REAR ENTRANCES AND SIDE
ENTRANCE, THREE REST ROOMS

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LICENSE NUMBER: 019800015

CITY OR TOWN CHATHAM

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: 512 MAIN STREET, INC.

DOING BUSINESS AS WAYSIDE INN

ADDRESS 512 MAIN ST.

CITY/TOWN: CHATHAM

STATE: MA

ZIP CODE: 02633

MANAGER: COUGHLIN,
SHANE

TYPE OF LICENSE: Innholder

CATEGORY: All Alcohol

EMAIL ADDRESS:

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EMPLOYER IDENTIFICATION NUMBER:

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LICENSE NUMBER: 019800019

CITY OR TOWN CHATHAM

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: ANTIGONE MALITA

DOING BUSINESS A NEW ENGLAND PIZZA HOUSE # 3

ADDRESS 1200 MAIN ST.

CITY/TOWN: CHATHAM

STATE: MA

ZIP CODE: 02633

MANAGER: MALITA,
ANTIGONE

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY WOOD FRAME BLDG; KITCHEN, DINING ROOM AND REST ROOMS

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EMPLOYER IDENTIFICATION NUMBER:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 019800031

CITY OR TOWN CHATHAM

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: CBI OPERATIONS LLC

DOING BUSINESS AS CHATHAM BARS INN

ADDRESS 286 SHORE RD.

CITY/TOWN: CHATHAM

STATE: MA

ZIP CODE: 02633

MANAGER: Zuest, Paul

TYPE OF LICENSE: Innholder

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

COTTAGES PLUS BATHHOUSE, BEACH HOUSE, BEACH AREA, POOL AREA AND TENNIS COURTS

I hereby certify and swear under penalties of perjury that:

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TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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LICENSE NUMBER: 019800033

CITY OR TOWN CHATHAM

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: CBI OPERATIONS LLC

DOING BUSINESS AS CHATHAM BARS INN

ADDRESS 297 W/S SHORE RD.

CITY/TOWN: CHATHAM

STATE: MA

ZIP CODE: 02633

MANAGER: ZUEST, PAUL

TYPE OF LICENSE: Innholder

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

MAIN INN - DINING ROOM, COCKTAIL ROOM, LIBRARY, LOBBY, FRONT PORCH AND ALL GUESTROOMS IN THE INN. ALL COTTAGES ON THE WEST SIDE AND ADJOINING PROPERTIES AND APPURTENANCES BELONGING TO THE INN.

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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 019800035

CITY OR TOWN CHATHAM

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: CHATHAM LIQUOR LOCKER, INC.

DOING BUSINESS AS CHATHAM LIQUOR LOCKER

ADDRESS 1221 MAIN STREET

CITY/TOWN: CHATHAM

STATE: MA

ZIP CODE: 02633

MANAGER: PATEL,

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

DIMPLEBEN N.

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

4,000 FEET OF RETAIL SPACE, TWO ENTRANCES/EXITS WITH A FULL WALK-OUT BASEMENT FOR DELIVERIES.

I hereby certify and swear under penalties of perjury that:

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SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 019800038

CITY OR TOWN CHATHAM

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: J & B Allied Corporation

DOING BUSINESS AS Chatham Liquor

ADDRESS 752 MAIN ST

CITY/TOWN: CHATHAM

STATE: MA

ZIP CODE: 02633

MANAGER: Alger, Jon Lawrence TYPE OF LICENSE: Package Store CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FRONT ROOM FOR SALES, REAR FOR STORAGE, OFFICE AND RESTROOM. ONE FRONT DOOR AND ONE REAR DOOR

I hereby certify and swear under penalties of perjury that:

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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 019800041

CITY OR TOWN CHATHAM

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: ERIC PAONE SR.

DOING BUSINESS AS CHATHAM LIGHTS LIQUORS

ADDRESS 303 ORLEANS RD

CITY/TOWN: CHATHAM

STATE: MA

ZIP CODE: 02633

MANAGER: PAONE, ERIC SR.

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY WOOD FRAME BLDG. LARGE ROOM FOR SALES AND STORAGE. CELLAR FOR STORAGE. SERVICE EXIT REAR OF BUILDING. ENTRANCE ON ORLEANS RD

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 019800043

CITY OR TOWN CHATHAM

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: HONEST BEANS, INC.

DOING BUSINESS AS CAMPARIS

ADDRESS 323 ORLEANS RD

CITY/TOWN: CHATHAM

STATE: MA

ZIP CODE: 02650

MANAGER: O'KEEFE, BRIAN

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

SINGLE STORY FRAME BLDG, 3800 SQ FT FLOOR SPACE; 2 FRONT ENTRANCES, 5 FIRE ENTRANCES

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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 019800044

CITY OR TOWN CHATHAM

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: DASH INC

DOING BUSINESS AS SHOP AHOY LIQUORS

ADDRESS 1589 MAIN STREET

CITY/TOWN: CHATHAM

STATE: MA

ZIP CODE: 02633

MANAGER: NORRIS, DAVID

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

UNIT D, CONSISTING OF 1650 SQ FT RETAIL AREA AND 280 SQ FT STORAGE AREA IN
BACK ROOM . FRONT AND REAR EXITS

I hereby certify and swear under penalties of perjury that:

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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 019800048

CITY OR TOWN CHATHAM

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: deftos liquor store inc.

DOING BUSINESS A south chatham liquors

ADDRESS 2447 MAIN STREET

CITY/TOWN: CHATHAM

STATE: MA

ZIP CODE: 02633

MANAGER: jamoulis, timothy
stephen

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

APPROX. 750 SQ. FT. ON MAIN FLOOR.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 019800054

CITY OR TOWN CHATHAM

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: KGB,INC

DOING BUSINESS AS THE CRANBERRY INN OF CHATHAM

ADDRESS 359 MAIN ST

CITY/TOWN: CHATHAM

STATE: MA

ZIP CODE: 02633

MANAGER: DEFORD,
WILLIAM JR

TYPE OF LICENSE: Innholder

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

LOBBY, DININGRM. KITCHEN & PUB. 7 RMS ON THE 1ST FLR. 11 RMS ON THE SECOND FLR. APT. ON 2ND FLR SEPARATE ENTRANCE SM BASEMENT FOR STORAGE. FRONT PORCH AND ENTRANCE ON MAIN ST. REAR ENTRANCE FOR EMERGENCY

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 019800073

CITY OR TOWN CHATHAM

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: LONGSHORE, INC.

DOING BUSINESS AS LONGSHORE, INC.

ADDRESS 1077 MAIN STREET

CITY/TOWN: CHATHAM

STATE: MA

ZIP CODE: 02633

MANAGER: DELONG,
CHRISTOPHER

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

TWO DINING ROOMS INCLUDING BAR, COUNTER, HOST STATION IN LOBBY, OUTDOOR CEMENT PATIO, KITCHEN, TWO STORAGE ROOMS IN CELLAR, MAIN ENTRANCE FRONT OF BUILDING FACING NORTH. TWO ADDITIONAL EMERGENCY EXITS ON EAST AND WEST OF BUILDING. TWO KITCHEN EXITS EAST AND SOUTH.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 019800077

CITY OR TOWN CHATHAM

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: RED BUOY INC

DOING BUSINESS AS RED NUN

ADDRESS 746 MAIN ST

CITY/TOWN: CHATHAM

STATE: MA

ZIP CODE: 02633

MANAGER: GIORGIO,
MICHAEL

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

1800SQFT BUILDING WITH 3 EXITS, ONE AT THE FRONT TWO ON THE SIDE 12 SEAT BAR
AND TABLES SEATING 16 FOR A TOTAL OF 28 SEATS. COVERED PORCH WITH 7 SEATS
AND FENCED PATIO WITH 33 SEATS

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 019800078

CITY OR TOWN CHATHAM

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: CHATHAM MARKET, INC

DOING BUSINESS AS CHATHAM MARKET

ADDRESS 20 QUEEN ANNE RD

CITY/TOWN: CHATHAM

STATE: MA

ZIP CODE: 02633

MANAGER: MACDONALD,
STAMATIA

TYPE OF LICENSE: Package Store

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

SALES FLOOR IS 10,000 SF EMERGENCY DOORS ARE LOCATED IN THE BACK LEFT HAND
SIDE ONE ON THE RIGHT SIDE NEAR BACK MAIN ENTRANCE IN FRONT, EMERGENCY
EXITS IN BACK

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 019800081

CITY OR TOWN CHATHAM

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: QUINNSHAW CORPORATION

DOING BUSINESS AS THE BOX OFFICE CAFÉ

ADDRESS 2642 MAIN STREET

CITY/TOWN: CHATHAM

STATE: MA

ZIP CODE: 02659

MANAGER: RUTANEN, JADE

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

UPSCALE EXPRESSO BAR SERVING GOURMET LUNCHES & PIZZA. NINE SEATS, FRONT AND SIDE ENTRANCE/EXITS.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
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www.mass.gov/abcc

OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 019800083

CITY OR TOWN CHATHAM

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: THE CHATHAM CHEESE CO. LLC

DOING BUSINESS AS THE CHATHAM CHEESE COMPANY LLC

ADDRESS 902 MAIN STREET

CITY/TOWN: CHATHAM

STATE: MA

ZIP CODE: 02633

MANAGER: POLK, LESLIE

TYPE OF LICENSE: Package Store

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

1,600 SQ. FT. RETAIL STORE CHEESE GOURMET FOODS, GIFTS, WINE AND BEER DOUBLE
DOOR CUSTOMER ENTRANCE FRONT FACING STREET 2 EXITS IN BACK 1 SINGLE 2
DOUBLE FOR EMPLOYEES/ DELIVERY/EMERGENCY

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 019800085

CITY OR TOWN CHATHAM

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: CHATHAM FISH AND LOBSTER CO, INC

DOING BUSINESS AS CHATHAM FISH AND LOBSTER CO

ADDRESS 1291 MAIN ST

CITY/TOWN: CHATHAM

STATE: MA

ZIP CODE: 02633

MANAGER: SCOTT, BRUCE

TYPE OF LICENSE: Package Store

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

4 ENTRANCES AND EXITS IN THE MARKET. THREE EXITS AND ENTRANCES IN FISH MARKET

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 019800087

CITY OR TOWN CHATHAM

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: MILLIE'S GENERAL STORE

DOING BUSINESS A MILLIE'S OF CHATHAM GENERAL STORE

ADDRESS 1291 MAIN STREET

CITY/TOWN: CHATHAM

STATE: MA

ZIP CODE: 02633

MANAGER: HANSEN,
BARBARA

TYPE OF LICENSE: Package Store

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

COURTYARD ENTRANCE AND A REAR LOADING DOCK OVERHEAD DOOR AND
STANDARD DOOR...

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE: